Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)	-	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

t 1:	Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
You	r full name		
Writ	e the name that is on	Elizabeth	
your government-issued picture identification (for example, your driver's license or passport).		First name	First name
	mple, your driver's	Coghill	
	Middle name	Middle name	
Bring your picture		Brooks	
		Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
you nun Indi Ider	r Social Security nber or federal vidual Taxpayer ntification number	xxx-xx-3361	
	You Writ you pictu exal licer Brin iden mee	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	About Debtor 1: Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Brooks Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number xxx-xx-3361

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Debtor 1 Elizabeth Coghill Brooks

Case number (if known)

About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s) EIN
	If Debtor 2 lives at a different address:
117 Robert Lane Norlina, NC 27563 Number, Street, City, State & ZIP Code Warren County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
 Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) 	Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)
	I have not used any business name or EINs. Business name(s) EIN 117 Robert Lane Norlina, NC 27563 Number, Street, City, State & ZIP Code Warren County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason.

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Case number (if known)

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	☐ Chap	oter 7					
		☐ Chap	oter 11					
		☐ Chap	oter 12					
		■ Chap	oter 13					
8.	How you will pay the fee	ab or	out how yo	ou may pay. Typica attorney is submit	ally, if you are paying the fee you	with the clerk's office in your local court for more de rself, you may pay with cash, cashier's check, or mo f, your attorney may pay with a credit card or check	ney	
						, sign and attach the Application for Individuals to P	ay	
			-	,	Official Form 103A).	only if you are filing for Chapter 7. By law, a judge m	av	
		bu ap	it is not rec plies to yo	quired to, waive your family size and	ur fee, and may do so only if you you are unable to pay the fee in	in you do ming to ordepet 7. By law, a judge in rincome is less than 150% of the official poverty line installments). If you choose this option, you must fill at Form 103B) and file it with your petition.	that	
9.	Have you filed for bankruptcy within the last 8 years?	■ No.						
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business	☐ Yes.						
	partner, or by an affiliate?					Relationship to you		
			Debtor					
			Debtor District		When	Case number, if known		
						Relationship to you		
			District		When When	· · · · · · · · · · · · · · · · · · ·		
11.	affiliate? Do you rent your	□ No.	District Debtor District	line 12.		Relationship to you		
11.	affiliate?	□ No. ■ Yes.	District Debtor District Go to		When When ed an eviction judgment against	Relationship to you Case number, if known		

Debtor 1 Elizabeth Coghill Brooks

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Deb	tor 1 Elizabeth Coghill	Brooks			Case number (if known)			
Par	t 3: Report About Any Bu	ısinesses	You Own	as a Sole Propriet	or			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to F	Part 4.				
		☐ Yes.	Name	and location of bus	iness			
	A sole proprietorship is a							
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			of business, if any	a 9 7ID Code			
	If you have more than one sole proprietorship, use a separate sheet and attach		Numbe	Number, Street, City, State & ZIP Code				
	it to this petition.		Check		x to describe your business:			
					ness (as defined in 11 U.S.C. § 101(27A))			
				· ·	Estate (as defined in 11 U.S.C. § 101(51B))			
				,	efined in 11 U.S.C. § 101(53A))			
				-	r (as defined in 11 U.S.C. § 101(6))			
				None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?	Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. §						
	For a definition of <i>small</i>	■ No.	No. I am not filing under Chapter 11.					
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fili Code.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
		☐ Yes.		I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.				
		☐ Yes.			11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.			
Par	t 4: Report if You Own or	· Have Any	/ Hazardoı	ıs Property or Any	y Property That Needs Immediate Attention			
14.		■ No.						
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is th	ne hazard?				
	identifiable hazard to public health or safety?							
	Or do you own any property that needs immediate attention?			ate attention is why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?				
					Number, Street, City, State & Zip Code			

Debtor 1 Elizabeth Coghill Brooks

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Elizabeth Coghill Brooks				Case number (if known)				
Part	6: Answer These Quest	ions for Rep	orting Purposes					
16.	What kind of debts do you have?			nsumer debts? Consumer debts are definently, or household purpose."	ned in 11 U.S.C. § 101(8) as "incurred by an			
			No. Go to line 16b.					
			Yes. Go to line 17.					
			Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			□ No. Go to line 16c.					
			Yes. Go to line 17.					
		16c. S	tate the type of debts you or	we that are not consumer debts or busines	s debts			
17.	Are you filing under Chapter 7?	■ No.	am not filing under Chapter	7. Go to line 18.				
	Do you estimate that after any exempt			o you estimate that after any exempt propal allable to distribute to unsecured creditors?	erty is excluded and administrative expenses			
	property is excluded and administrative expenses	г	l No					
	are paid that funds will be available for] Yes					
	distribution to unsecured creditors?	_	1100					
18.	How many Creditors do	■ 1-49		☐ 1,000-5,000	□ 25,001-50,000			
	you estimate that you owe?	□ 50-99		☐ 5001-10,000	☐ 50,001-100,000			
	owe?	☐ 100-199		□ 10,001-25,000	☐ More than100,000			
		□ 200-999						
19.	How much do you	\$ 0 - \$50	,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?	□ \$50,001		☐ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion			
			1 - \$500,000	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
		□ \$500,00°	1 - \$1 million	1 \$100,000,001 - \$500 million	☐ More than \$50 billion			
20.	How much do you	\$0 - \$50	.000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?	□ \$50,001	- \$100,000	☐ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion			
			1 - \$500,000	☐ \$50,000,001 - \$100 million ☐ \$100.000.001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
		□ \$500,00°	1 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion			
Part	7: Sign Below							
For	you	I have exam	nined this petition, and I dec	lare under penalty of perjury that the inforn	nation provided is true and correct.			
				I am aware that I may proceed, if eligible, lief available under each chapter, and I ch				
				ot pay or agree to pay someone who is no e notice required by 11 U.S.C. § 342(b).	t an attorney to help me fill out this			
		I request rel	ief in accordance with the c	hapter of title 11, United States Code, spec	cified in this petition.			
				concealing property, or obtaining money of \$250,000, or imprisonment for up to 20 y	r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,			
			eth Coghill Brooks					
		Elizabeth Signature of	Coghill Brooks f Debtor 1	Signature of Debtor	12			
		Executed or	0 01000 - 0, -0-1	Executed on				
			MM / DD / YYYY	MM	/ DD / YYYY			

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Debtor 1 Elizabeth Coghill Brooks Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Matthew Schmidt for LOJTO Signature of Attorney for Debtor	Date	October 26, 2021 MM / DD / YYYY
Matthew Schmidt for LOJTO 51842 Printed name		
The Law Offices of John T. Orcutt, PC		
6616-203 Six Forks Road Raleigh, NC 27615		
Number, Street, City, State & ZIP Code Contact phone (919) 847-9750	Email address	postlegal@johnorcutt.com
51842 NC Bar number & State		

Fill in th	nis inform	nation to identify your	case:			
Debtor 1	1	Elizabeth Coghill	Brooks			
		First Name	Middle Name	Last Name		
Debtor 2 (Spouse if,		First Name	Middle Name	Last Name		
United S	States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF EXEMPTIONS)	F NORTH CAROLINA (NC		
0			,			
(if known)	umber _				-	Check if this is an amended filing
State Be as co	ement omplete a tion. If m (if known	nd accurate as possik ore space is needed, a n). Answer every ques	ole. If two married people a attach a separate sheet to tion.	duals Filing for B are filing together, both are this form. On the top of any	equally responsible for sup	
Part 1:			ital Status and Where You	u Lived Before		
1. Wha	at is your	current marital status	S?			
	Married Not mar	ried				
□ ■ De		t all of the places you liv	ved in the last 3 years. Do n Dates Debtor 1 lived there	ot include where you live now Debtor 2 Prior Ad		Dates Debtor 2
	5 Village endersor	e Drive n, NC 27537	From-To: 1994-2020	☐ Same as Debtor 1		Same as Debtor 1
	nd territorio	es include Árizona, Cali	•	gal equivalent in a commun evada, New Mexico, Puerto Ri official Form 106H).	, , ,	
Part 2	Explai	n the Sources of Your	Income			
Fill i	in the tota	I amount of income you	received from all jobs and	ng a business during this yeall businesses, including parter together, list it only once ur	time activities.	endar years?
	No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)

Official Form 107

Case number (if known) Debtor 1 Elizabeth Coghill Brooks Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) From January 1 of current year until \$450.00 ☐ Wages, commissions, ■ Wages, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$0.00 For last calendar year: ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2020) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$0.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2019) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until Food Stamps \$500.00 the date you filed for bankruptcy: For last calendar year: \$0.00 (January 1 to December 31, 2020) For the calendar year before that: \$0.00 (January 1 to December 31, 2019) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? □ No. Go to line 7.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

not include payments to an attorney for this bankruptcy case.

List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do

☐ Yes

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

□ No

Yes. Fill in the details.

Nature of the case Status of the case Case title Court or agency Case number Otha Stevenus Brooks Complaint for Vance County Court □ Pendina Absolute Divorce. 156-101 Church Street □ On appeal Elizabeth C. Brooks Henderson, NC 27536 Concluded 21 CvD 690 Divorce Granted.

Deb	otor 1	Elizabeth Coghill Brooks		Case	number (f known)	
10.		n 1 year before you filed for bankro		as any of your property repossessed, fo	reclosed,	garnished, attache	d, seized, or levied?
		No. Go to line 11. Yes. Fill in the information below.					
	Cred	litor Name and Address		scribe the Property plain what happened		Date	Value of the property
11.	accou	unts or refuse to make a payment l	ruptcy,	did any creditor, including a bank or fina	ancial ins	titution, set off any	amounts from your
		No Yes. Fill in the details.					
		litor Name and Address	De	scribe the action the creditor took		Date action was taken	Amount
12.		n 1 year before you filed for bankro -appointed receiver, a custodian, o		as any of your property in the possession official?	on of an a	ssignee for the ben	efit of creditors, a
	_	No Yes					
Par	t 5:	List Certain Gifts and Contribution	ns				
13.	_		ruptcy, o	did you give any gifts with a total value o	of more th	an \$600 per person	?
		No Yes. Fill in the details for each gift.					
		s with a total value of more than \$6	00	Describe the gifts		Dates you gave	Value
		person	00	Describe the gins		the gifts	Value
	Pers Addr	on to Whom You Gave the Gift and ress:	i				
14.	_	n <mark>2 years before you filed for bank</mark> No	ruptcy, d	did you give any gifts or contributions w	rith a total	value of more than	\$600 to any charity?
		Yes. Fill in the details for each gift or	contribut	ion.			
	more Char	or contributions to charities that than \$600 rity's Name		Describe what you contributed		Dates you contributed	Value
		'ess (Number, Street, City, State and ZIP Cod	ie)				
Par	t 6:	List Certain Losses					
15.		n 1 year before you filed for bankr mbling?	uptcy or	since you filed for bankruptcy, did you l	lose anyth	ning because of the	ft, fire, other disaster,
		No					
		Yes. Fill in the details.					
		cribe the property you lost and		be any insurance coverage for the loss		Date of your	Value of property
	now	the loss occurred		e the amount that insurance has paid. List p nce claims on line 33 of <i>Schedule A/B: Prop</i>		loss	lost

Debtor 1 Elizabeth Coghill Brooks

Case number (if known)

Par	t 7: List Certain Payments or Transfers					
16.	Within 1 year before you filed for bankruptcy, consulted about seeking bankruptcy or prepared include any attorneys, bankruptcy petition prepared.	ring a bankruptcy pet	ition?			rty to anyone you
	■ No					
	Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and vertransferred	alue of any pr	operty	Date payment or transfer was made	Amount of payment
17.	Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you l	or to make payments			or transfer any prope	rty to anyone who
	■ No					
	☐ Yes. Fill in the details.					
	Person Who Was Paid Address	Description and vertransferred	alue of any pr	operty	Date payment or transfer was made	Amount of payment
 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, othe transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. 						
	Person Who Received Transfer Address	Description and voproperty transferr			any property or s received or debts xchange	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-protein No		y property to a	a self-settled tr	ust or similar device	of which you are a
	☐ Yes. Fill in the details.					
	Name of trust	Description and v	alue of the pro	perty transfer	red	Date Transfer was made
Par	tt 8: List of Certain Financial Accounts, Instr	uments, Safe Deposit	Boxes, and S	torage Units		
20.	Within 1 year before you filed for bankruptcy,	were any financial acc	counts or inst	ruments held i	n vour name, or for v	our benefit. closed.
	sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa	other financial accour	nts; certificate	s of deposit; s		
	■ No					
	☐ Yes. Fill in the details.					
		ast 4 digits of account number	Type of acco	cl m	ate account was osed, sold, oved, or ansferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ar before you filed for	bankruptcy, a	ny safe depos	it box or other depos	itory for securities,
	■ No □ Yes. Fill in the details.					
		Whater	4- 110	Described		Da
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, St State and ZIP Code)		Describe the	contents	Do you still have it?

Debtor 1	Elizabeth	Coghill	Brooks
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Case number (if known)

22.	Have you stored property in a storage unit or p	place other than your home within	1 year before you filed for bankruptcy	?
	■ No □ Yes. Fill in the details.			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control for	r Someone Else		
23.	Do you hold or control any property that some for someone.	eone else owns? Include any prope	rty you borrowed from, are storing for	, or hold in trust
	■ No □ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	t 10: Give Details About Environmental Inform	nation		
For	the purpose of Part 10, the following definitions	s apply:		
	Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these su	air, land, soil, surface water, groun	- ·	
	Site means any location, facility, or property as to own, operate, or utilize it, including disposa		law, whether you now own, operate, o	or utilize it or used
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic s	substance,
Rep	ort all notices, releases, and proceedings that y	you know about, regardless of whe	n they occurred.	
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	e under or in violation of an environme	ental law?
	■ No			
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State ar ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of an	y release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State ar ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or admin	istrative proceeding under any env	rironmental law? Include settlements a	and orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	t 11: Give Details About Your Business or Co	nnections to Any Business		
27.	Within 4 years before you filed for bankruptcy,	, did you own a business or have a	ny of the following connections to any	/ business?
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity	, either full-time or part-time	
	☐ A member of a limited liability compan	y (LLC) or limited liability partnersh	nip (LLP)	
Offic	al Form 107 Statement	of Financial Affairs for Individuals Filin	g for Bankruptcy	page

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Case number (if known)

	☐ A partner in a partnership							
	☐ An officer, director, or managing executive of a corporation							
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	■ No. None of the above applies. Go to F	Part 12.						
	☐ Yes. Check all that apply above and fill	in the details below for each business.						
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.					
	, , , ,	Name of accountant of bookkeeper	Dates business existed					
28.	Within 2 years before you filed for bankrupt institutions, creditors, or other parties.	cy, did you give a financial statement to a	nyone about your business? Include all financial					
	■ No							

Date Issued

Official Form 107

Debtor 1 Elizabeth Coghill Brooks

Yes. Fill in the details below.

Address (Number, Street, City, State and ZIP Code)

Name

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Debto	Elizabeth Coghill Brooks	Case number (if known)
Part 1	2: Sign Below	
are tru with a	e and correct. I understand that making	nancial Affairs and any attachments, and I declare under penalty of perjury that the answers a false statement, concealing property, or obtaining money or property by fraud in connectio \$250,000, or imprisonment for up to 20 years, or both.
/s/ Eli	izabeth Coghill Brooks	
	beth Coghill Brooks ture of Debtor 1	Signature of Debtor 2
Date	October 26, 2021	Date
Did yo	u attach additional pages to Your State	ent of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No		
☐ Yes		
Did yo	u pay or agree to pay someone who is r	ot an attorney to help you fill out bankruptcy forms?
■ No		
☐ Yes	. Name of Person Attach the Bank	uptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Debtor 1	Elizabeth Caartill	Drooks			
	Elizabeth Coghill First Name	Middle Name	Last Name		
Debtor 2	riotrano	Wildale Harrie	Last Hamo		
Spouse, if filing)	First Name	Middle Name	Last Name		
Jnited States Ba	ankruptcy Court for the:	EASTERN DISTRICT OF EXEMPTIONS)	NORTH CAROLINA (NC		
	., .,	EXEMI HORO)			
Case number					☐ Check if this is ar amended filing
Official Ec	orm 106A/B				
_					
Schedul	le A/B: Prop	erty			12/15
nformation. If mo nswer every que	ore space is needed, attach estion.	a separate sheet to this form	people are filing together, both a control of the top of any additional pay fou Own or Have an Interest In		
Do you own or	have any legal or equitable	e interest in any residence, bu	uilding, land, or similar property?	•	
■ No. Go to Pa	art 2				
_					
☐ Yes. Where	is the property?				
Part 2: Describe	e Your Vehicles				
Care vane to			o o = = 1.000 a.o. y o o a o . o a a .	Jnexpired Leases.	
□ No	rucks, tractors, sport ut	ility vehicles, motorcycles	•	Jnexpired Leases.	
_	rucks, tractors, sport ut	ility vehicles, motorcycles	•	Jnexpired Leases.	
□ No ■ Yes			5		laims or exemptions. Put
□ No ■ Yes 3.1 Make:	Nissan	Who has an interes	•	Do not deduct secured country the amount of any secure	ed claims on Schedule D:
□ No ■ Yes 3.1 Make: Model:	Nissan Altima SL Sedan 4dr	Who has an interest ■ Debtor 1 only	5	Do not deduct secured c the amount of any secure Creditors Who Have Cla	ed claims on Schedule D: ims Secured by Property.
□ No ■ Yes 3.1 Make: Model: Year:	Nissan Altima SL Sedan 4dr 2017	Who has an interest ✓ V6 □ Debtor 1 only □ Debtor 2 only	st in the property? Check one	Do not deduct secured c the amount of any secure Creditors Who Have Cla	ed claims on Schedule D: ims Secured by Property. Current value of the
□ No ■ Yes 3.1 Make: Model: Year: Approxima	Nissan Altima SL Sedan 4dr 2017 ate mileage: 76,	Who has an interest V6 ■ Debtor 1 only □ Debtor 2 only 001 □ Debtor 1 and De	st in the property? Check one	Do not deduct secured c the amount of any secure Creditors Who Have Cla	ed claims on Schedule D: ims Secured by Property.
□ No ■ Yes 3.1 Make: Model: Year: Approxima Other infor	Nissan Altima SL Sedan 4dr 2017 ate mileage: 76, rmation:	Who has an interest V6 □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and De □ At least one of the	st in the property? Check one	Do not deduct secured of the amount of any secure Creditors Who Have Clat Current value of the entire property?	ed claims on Schedule D: ims Secured by Property. Current value of the
□ No ■ Yes 3.1 Make: Model: Year: Approxima Other infor	Nissan Altima SL Sedan 4dr 2017 ate mileage: 76, rmation: Clean Trade - 20% (-\$6	Who has an interest V6 □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and De □ At least one of the	st in the property? Check one	Do not deduct secured c the amount of any secure Creditors Who Have Cla	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own?
□ No ■ Yes 3.1 Make: Model: Year: Approxima Other infor FMV = C for milea VIN#: 1N	Nissan Altima SL Sedan 4dr 2017 ate mileage: 76, rmation: Clean Trade - 20% (-\$6 age) N4BL3AP6HC166178	Who has an interest V6 □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and De □ At least one of the	st in the property? Check one ebtor 2 only ne debtors and another	Do not deduct secured of the amount of any secure Creditors Who Have Clat Current value of the entire property?	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own?
□ No ■ Yes 3.1 Make: Model: Year: Approxima Other infor FMV = C for milea VIN#: 1N NC Farm	Nissan Altima SL Sedan 4dr 2017 ate mileage: 76, rmation: Clean Trade - 20% (-\$6 age) N4BL3AP6HC166178 n Bureau Insurance	Who has an interest V6 □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and De □ At least one of the control of the contro	st in the property? Check one ebtor 2 only ne debtors and another	Do not deduct secured of the amount of any secure Creditors Who Have Clat Current value of the entire property?	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own?
□ No ■ Yes 3.1 Make: Model: Year: Approxima Other infor FMV = C for milea VIN#: 1N	Nissan Altima SL Sedan 4dr 2017 ate mileage: 76, rmation: Clean Trade - 20% (-\$6 age) N4BL3AP6HC166178 n Bureau Insurance	Who has an interest V6 □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and De □ At least one of the control of the contro	st in the property? Check one ebtor 2 only ne debtors and another	Do not deduct secured of the amount of any secure Creditors Who Have Clat Current value of the entire property?	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own?
No Yes 3.1 Make: Model: Year: Approxima Other infor FMV = C for milea VIN#: 1N NC Farm Policy #	Nissan Altima SL Sedan 4dr 2017 ate mileage: 76, rmation: Clean Trade - 20% (-\$6 age) N4BL3AP6HC166178 n Bureau Insurance	Who has an interest Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the contractions)	st in the property? Check one bettor 2 only ne debtors and another community property	Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? \$13,260.00	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$13,260.00
□ No ■ Yes 3.1 Make: Model: Year: Approxima Other infor FMV = C for milea VIN#: 1N NC Farm Policy #	Nissan Altima SL Sedan 4dr 2017 ate mileage: 76, rmation: Clean Trade - 20% (-\$6 age) N4BL3AP6HC166178 n Bureau Insurance e: 4774 Chevrolet	Who has an interest Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the Check if this is (see instructions) Who has an interest	st in the property? Check one ebtor 2 only ne debtors and another	Do not deduct secured of the amount of any secure Creditors Who Have Clas Current value of the entire property? \$13,260.00	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$13,260.00
□ No ■ Yes 3.1 Make: Model: Year: Approxima Other infor FMV = C for milea VIN#: 1N NC Farm Policy #	Nissan Altima SL Sedan 4dr 2017 ate mileage: 76, rmation: Clean Trade - 20% (-\$6 age) N4BL3AP6HC166178 n Bureau Insurance e: 4774 Chevrolet S10 1/2 Ton Regular	Who has an interest Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the Check if this is (see instructions) Who has an interest	st in the property? Check one bettor 2 only ne debtors and another community property	Do not deduct secured of the amount of any securic Creditors Who Have Class Current value of the entire property? \$13,260.00 Do not deduct secured of the amount of any securic contents and the contents are contents.	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$13,260.00
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No Yes 3.1 Make: Model: Year: Approxima Other infor FMV = C for milea VIN#: 1N NC Farm Policy # 3.2 Make: Model: Year:	Nissan Altima SL Sedan 4dr 2017 ate mileage: 76, rmation: Clean Trade - 20% (-\$6 age) N4BL3AP6HC166178 n Bureau Insurance t: 4774 Chevrolet S10 1/2 Ton Regular Cab Pickup	Who has an interest Debtor 1 only Debtor 2 only Debtor 1 and De At least one of th Check if this is (see instructions) Who has an interest Debtor 1 only	st in the property? Check one bettor 2 only ne debtors and another community property st in the property? Check one	Do not deduct secured of the amount of any securic Creditors Who Have Class Current value of the entire property? \$13,260.00 Do not deduct secured of the amount of any securic contents and the contents are contents.	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$13,260.00
No Yes 3.1 Make: Model: Year: Approxima Other infor FMV = C for milea VIN#: 1N NC Farm Policy # 3.2 Make: Model: Year:	Nissan Altima SL Sedan 4dr 2017 ate mileage: 76, rmation: Clean Trade - 20% (-\$6 age) N4BL3AP6HC166178 n Bureau Insurance :: 4774 Chevrolet S10 1/2 Ton Regular Cab Pickup 2000 ate mileage:	Who has an interest Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the Check if this is (see instructions) Who has an interest Debtor 1 only Debtor 2 only Debtor 1 and De	st in the property? Check one bettor 2 only ne debtors and another community property st in the property? Check one	Do not deduct secured control the amount of any secure Creditors Who Have Classes Current value of the entire property? \$13,260.00 Do not deduct secured control the amount of any secure Creditors Who Have Classes Current value of the	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$13,260.00 claims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the
No Yes 3.1 Make: Model: Year: Approxima Other infor FMV = C for milea VIN#: 1N NC Farm Policy # 3.2 Make: Model: Year: Approxima Other infor Other infor	Nissan Altima SL Sedan 4dr 2017 ate mileage: 76, rmation: Clean Trade - 20% (-\$6 age) N4BL3AP6HC166178 n Bureau Insurance e: 4774 Chevrolet S10 1/2 Ton Regular Cab Pickup 2000 ate mileage: rmation:	Who has an interest Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the Check if this is (see instructions) Who has an interest Debtor 1 only Debtor 2 only Debtor 1 and De	st in the property? Check one bettor 2 only ne debtors and another community property st in the property? Check one	Do not deduct secured control the amount of any secure Creditors Who Have Classes Current value of the entire property? \$13,260.00 Do not deduct secured control the amount of any secure Creditors Who Have Classes Current value of the	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$13,260.00 claims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the
□ No ■ Yes 3.1 Make: Model: Year: Approxima Other infor FMV = C for milea VIN#: 1N NC Farm Policy # 3.2 Make: Model: Year: Approxima Other infor FMV = C	Nissan Altima SL Sedan 4dr 2017 ate mileage: 76, rmation: Clean Trade - 20% (-\$6 age) N4BL3AP6HC166178 n Bureau Insurance :: 4774 Chevrolet S10 1/2 Ton Regular Cab Pickup 2000 ate mileage:	Who has an interest Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the Check if this is (see instructions) Who has an interest Debtor 1 only Debtor 2 only Debtor 2 only At least one of the	st in the property? Check one bettor 2 only ne debtors and another community property st in the property? Check one	Do not deduct secured control the amount of any secure Creditors Who Have Classes Current value of the entire property? \$13,260.00 Do not deduct secured control the amount of any secure Creditors Who Have Classes Current value of the	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$13,260.00 claims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own?
No Yes 3.1 Make: Model: Year: Approxima Other infor FMV = C for milea VIN#: 1N NC Farm Policy # 3.2 Make: Model: Year: Approxima Other infor FMV = C VIN#: 10	Nissan Altima SL Sedan 4dr 2017 ate mileage: 76, rmation: Clean Trade - 20% (-\$6 age) N4BL3AP6HC166178 n Bureau Insurance e: 4774 Chevrolet S10 1/2 Ton Regular Cab Pickup 2000 ate mileage: rmation: Clean Trade - 20%	Who has an interest Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the Check if this is (see instructions) Who has an interest Debtor 1 only Debtor 2 only Debtor 2 only At least one of the	st in the property? Check one bettor 2 only ne debtors and another community property st in the property? Check one	Do not deduct secured of the amount of any secure Creditors Who Have Clast Current value of the entire property? \$13,260.00 Do not deduct secured of the amount of any secure Creditors Who Have Clast Current value of the entire property?	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$13,260.00 claims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the

Official Form 106A/B Schedule A/B: Property page 1

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

□ No

Yes. Describe.....

Clothing and Personal

\$350.00

12. **Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

Yes. Describe.....

Jewelry

\$50.00

	Non-farm animals Examples: Dogs, cats, birds, ho ■ No □ Yes. Describe	orses			
	Any other personal and house No ☐ Yes. Give specific information	-	not already list, including a	ny health aids you did not list	
15	Add the dollar value of all of for Part 3. Write that number				\$600.00
Pa	rt 4: Describe Your Financial Asse	ts			
Do	o you own or have any legal or e	equitable interest in	n any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	Cash Examples: Money you have in y □ No ■ Yes			d on hand when you file your petitior	1
				Cash	\$3.00
17.			ounts; certificates of deposit; s with the same institution, list Institution name:	shares in credit unions, brokerage ho each.	uses, and other similar
	17.1.	Checking	SECU		\$3.27
	17.2.	Savings	SECU		\$25.73
	Bonds, mutual funds, or public Examples: Bond funds, investm No	ent accounts with br		accounts	
	Yes	Institution or issuer			
	joint venture No	interests in incorp	orated and unincorporated	businesses, including an interest	in an LLC, partnership, and
	☐ Yes. Give specific information	about them		% of ownership:	
20.	Government and corporate bo Negotiable instruments include Non-negotiable instruments are	personal checks, cas	shiers' checks, promissory not	tes, and money orders.	
	■ No □ Yes. Give specific information Iss	about them suer name:			
	■ No	SA, Keogh, 401(k), 4	403(b), thrift savings accounts	, or other pension or profit-sharing pl	ans
	☐ Yes. List each account separa Type	itely. of account:	Institution name:		

Official Form 106A/B Schedule A/B: Property page 3

32. Any interest in property that is due you from someone who has died

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

Beneficiary:

■ No

☐ Yes. Give specific information..

Surrender or refund

Debtor 1	Elizabeth Coghill Brooks Case number (if known)	
	ms against third parties, whether or not you have filed a lawsuit or made a demand for payment mples: Accidents, employment disputes, insurance claims, or rights to sue	
	es. Describe each claim	
34. Othe ■ No	er contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to	set off claims
□ Ye	es. Describe each claim	
■ No	financial assets you did not already list s. Give specific information	
36. Ad	d the dollar value of all of your entries from Part 4, including any entries for pages you have attached Part 4. Write that number here	\$32.00
Part 5:	Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.	
37. Do yo	ou own or have any legal or equitable interest in any business-related property?	
_	Go to Part 6.	
☐ Yes	. Go to line 38.	
	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.	
46. Do y	ou own or have any legal or equitable interest in any farm- or commercial fishing-related property?	
■ N	No. Go to Part 7.	
	es. Go to line 47.	
Part 7:	Describe All Property You Own or Have an Interest in That You Did Not List Above	
	ou have other property of any kind you did not already list?	
Exa	mples: Season tickets, country club membership	
■ Ye	es. Give specific information	
	Possible Consumer Rights Claim(s). Subject to approval of settlement/award by Bankruptcy Court. Unless otherwise specified, no specific claims are known at present.	\$0.00
	.IMPORTANT NOTICES:	
	(1) Valuation Method (Sch. A & B): FMV unless otherwise noted.	
	(2) Creditor claims disclosed on Sch. D, E & F are estimates only,	
	drawn largely from unverified information provided by the creditor, and shall not be considered an admission by the Debtor(s) of the	
	amount owed, interest, late fees, etc. Nor is this listing of a creditor	
	or representatives an admission by the Debtor(s) that such parties are actual owners of such claims.	\$0.00
	Any other value (See * - Sch B)	\$0.00
	* A management and a state of the state of t	1
	* Any other value, not otherwise listed, including without limitation, any and all amounts on deposit, if any, as of the date of filing, in bank	
	or investment accounts, but not exceeding in value the residual value	
	available under the "wildcard" (NCGS 1C-1601(a)(2)) exemption.	Unknown

Official Form 106A/B Schedule A/B: Property page 5

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Debtor 1 Elizabeth Coghill Brooks		Case number (if known)	
54. Add the dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
Part 8: List the Totals of Each Part of this Form			
55. Part 1: Total real estate, line 2			\$0.00
56. Part 2: Total vehicles, line 5	\$14,250.00		
57. Part 3: Total personal and household items, line 15	\$600.00		
58. Part 4: Total financial assets, line 36	\$32.00		
59. Part 5: Total business-related property, line 45	\$0.00		
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part 7: Total other property not listed, line 54 +	\$0.00		
62. Total personal property. Add lines 56 through 61	\$14,882.00	Copy personal property total	\$14,882.00
63. Total of all property on Schedule A/B. Add line 55 + line 62			\$14,882.00

Official Form 106A/B Schedule A/B: Property page 6

Rev. 3/2016

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)

IN THE MATTER OF: Elizabeth Coghill Brooks Debtor(s). CASE NUMBER:

SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

- I, <u>Elizabeth Coghill Brooks</u>, claim the following property as exempt pursuant to 11 U.S.C. § 522 and the laws of the State of North Carolina, and nonbankruptcy Federal law: (Attach additional sheets if necessary).
- 1. NCGS 1C-1601(a)(1) (NC Const., Article X, Section 2) REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT (The exemption is not to exceed \$35,000; however, an unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in the property not to exceed \$60,000 in value so long as the property was previously owned by the debtor as a tenant by the entireties or as a joint tenant with rights of survivorship and the former co-owner of the property is deceased, in which case the debtor must specify his/her age and the name of the former co-owner, if a child use initials only, of the property below).

Description of Property and Address	Market <u>Value</u>	(D1)Debtor 1 (D2)Debtor 2 (J)Joint	Mortgage Holder or Lien Holder	Amount of Mortgage <u>or Lien</u>	Net	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(1)
-NONE-						
Debtor's Age: Name of former co-owne	er:					

VALUE OF REAL ESTATE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(1): \$ 0.00

2. NCGS 1C-1601(a)(3) MOTOR VEHICLE (The exemption in one vehicle is not to exceed \$3,500).

				1		
Model, Year Style of Auto	Market <u>Value</u>	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	<u>Lien Holder</u>	Amount of <u>Lien</u>	Net <u>Value</u>	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(3)
2017 Nissan Altima	13,260.00				13,260.00	3,500.00
SL Sedan 4dr V6	-,				,	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
76,001 miles						
FMV = Clean Trade						
- 20% (-\$650 for						
mileage)						
VIN#:						
1N4BL3AP6HC1661						
78						
NC Farm Bureau						
Insurance Policy #:						
4774						

VALUE OF MOTOR VEHICLE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(3): \$ 3,500.00

3. NCGS 1C-1601(a)(4) (NC Const., Article X, Section 1) PERSONAL OR HOUSEHOLD GOODS (The debtor's aggregate interest is not to exceed \$5,000 plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents). The number of dependents for exemption purposes is **0**.

Description of Property	Market <u>Value</u>	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien <u>Holder</u>	Amount of Lien	Net <u>Value</u>	Claimed as Exempt Pursuant to NCGS 1C-1601(a)(4)
Clothing and Personal	350.00				350.00	350.00
38 revolver S&W	200.00				200.00	200.00
Jewelry	50.00				50.00	50.00

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(4): \$ 5,000.00

4. NCGS 1C-1601(a)(5) TOOLS OF TRADE (The debtor's aggregate interest is not to exceed \$2,000 in value).

Description	Market <u>Value</u>	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of <u>Lien</u>	Net <u>Value</u>	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(5)
-NONE-						

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(5): \$ (

0.00

5. NCGS 1C-1601(a)(6) LIFE INSURANCE (NC Const., Article X, Section 5).

Description\Insured\Last Four Digits of Policy Number\Beneficiary(if child, initials only)		Cash Value
-NONE-		

6. NCGS 1C-1601(a)(7) PROFESSIONALLY PRESCRIBED HEALTH AIDS (For Debtor or Debtor's Dependents, no limit on value).

Description	
-NONE-	

7. NCGS 1C-1601(a)(8) COMPENSATION FOR PERSONAL INJURY, INCLUDING COMPENSATION FROM PRIVATE DISABILITY POLICIES OR ANNUITIES, OR COMPENSATION FOR DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDENT FOR SUPPORT. COMPENSATION NOT EXEMPT FROM RELATED LEGAL, HEALTH OR FUNERAL EXPENSE.

Description AND Source of Compensation, Including Name (If child, initials only) & Last Four Digits of Account Number of any Disability Policy/Annuity

-NONE-

8. NCGS 1C-1601(a)(2) ANY PROPERTY (Debtor's aggregate interest in any property is not to exceed \$5,000 in value of any unused exemption amount to which the debtor is entitled under NCGS 1C-1601(a)(1)).

		Owner				
Description of Property	Market	(D1)Debtor 1 (D2)Debtor 2	Lien	Amount	Net	Value Claimed as Exempt
and Address	<u>Value</u>	(J)Joint	<u>Holder</u>	of Lien	<u>Value</u>	Pursuant to NCGS 1C-1601(a)(2)
2000 Chevrolet S10	1,980.00				990.00	990.00
1/2 Ton Regular					50% owned	
Cab Pickup						
FMV = Clean Trade						
- 20%						
VIN#:						
1GCCS1443YK1263 80						
*Debtor has 1/2						
Interest						
w/Ex-Spouse*						
2017 Nissan Altima					9,760.00	3,978.00
SL Sedan 4dr V6					Residual	·
76,001 miles					Value	
FMV = Clean Trade						
- 20% (-\$650 for						
mileage)						
VIN#:						
1N4BL3AP6HC1661 78						
NC Farm Bureau						
Insurance Policy #:						
4774						
Any other value	0.00				0.00	0.00
(See * - Sch B)						
Cash	3.00				3.00	3.00
Checking: SECU	3.27				3.27	3.27
Savings: SECU	25.73				25.73	25.73

VALUE CLAIMED AS EXEMPT	PURSUANT TO NCGS 1C-1601(a)(2):	\$ 5.000.00

9. NCGS 1C-1601(a)(9) and 11 U.S.C. § 522 INDIVIDUAL RETIREMENT PLANS & RETIREMENT FUNDS, as defined in the Internal Revenue Code, and any plan treated in the same manner as an individual retirement plan, including individual retirement accounts and Roth retirement accounts as described in §§ 408(a) and 408A of the Internal Revenue Code, individual retirement annuities as described in § 408(b) of the Internal Revenue Code, accounts established as part of a trust described in § 408(c) of the Internal Revenue Code, and funds in an account exempt from taxation under § 401, 403, 408, 408A, 414, 457, or 510(a) of the Internal Revenue Code. For purposes of this subdivision, "Internal Revenue Code" means Code as defined in G.S. 105-228.90.

Type of Account\Location of Account\Last Four Digits of Account Number
-NONE-

10. NCGS 1C-1601(a)(10) FUNDS IN A COLLEGE SAVINGS PLAN, as qualified under § 529 of the Internal Revenue Code, and that are not otherwise excluded from the estate pursuant to 11 U.S.C. §§ 541(b)(5)-(6), (e), not to exceed a cumulative limit of \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, the contributions must have been made in the ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses.

College Savings Plan\Last Four Digits of Account Number\Value\Initials of Child Beneficiary

-NONE-

11. NCGS 1C-1601(a)(11) RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENTAL UNITS OF OTHER STATES (The debtor's interest is exempt only to the extent that these benefits are exempt under the laws of the state or governmental unit under which the benefit plan is established).

Name of Retirement Plan\State Governmental Unit\Last Four Digits of Identifying Number
-NONE-

12. NCGS 1C-1601(a)(12) ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED (The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor).

Type of Support\Amount\Location of Funds
-NONE-

13. TENANCY BY THE ENTIRETY. The following property is claimed as exempt pursuant to 11 U.S.C. § 522 and the law of the State of North Carolina pertaining to property held as tenants by the entirety.

Description of	Market	Lien	Amount	Net
Property and Address	<u>Value</u>	<u>Holder</u>	of Lien	<u>Value</u>
-NONE-				

VALUE CLAIMED AS EXEMPT: \$ 0.00

14. NORTH CAROLINA PENSION FUND EXEMPTIONS

-NONE-

15. OTHER EXEMPTIONS CLAIMED UNDER LAWS OF THE STATE OF NORTH CAROLINA

-NONE-

16. FEDERAL PENSION FUND EXEMPTIONS

-NONE-

17. OTHER EXEMPTIONS CLAIMED UNDER NONBANKRUPTCY FEDERAL LAW

-NONE-

1	۶	}	R	F	CF	N	Т	ΡI	JF	RC.	Н	٩S	F:	ς

(a). List tangible personal property purchased by the debtor within ninety (90) days of the filing of the bankruptcy petition.

Description	Market	Lien	Amount	Net
Description	<u>Value</u>	<u>Holder</u>	of Lien	<u>Value</u>
-NONE-				

(b). List any tangible personal property from 18(a) that is directly traceable to the liquidation or conversion of property that may be exempt and that was not acquired by transferring or using additional property.

Description of Replacement Property	Description of Property Liquidated or Converted that May Be Exempt

- 19. The debtor's property is subject to the following claims:
- a. Of the United States or its agencies as provided by federal law.
- b. Of the State of North Carolina or its subdivisions for taxes, appearance bonds or fiduciary bonds;
- c. Of a lien by a laborer for work done and performed for the person claiming the exemption, but only as to the specific property affected.
- d. Of a lien by a mechanic for work done on the premises, but only as to the specific property affected.
- e. For payment of obligations contracted for the purchase of specific real property affected.
- f. For contractual security interests in specific property affected; provided, that the exemptions shall apply to the debtor's household goods notwithstanding any contract for a nonpossessory, nonpurchase money security interest in any such goods.
- g. For statutory liens, on the specific property affected, other than judicial liens.
- h. For child support, alimony or distributive award order pursuant to Chapter 50 of the General Statutes of North Carolina.
- i. For criminal restitution orders docketed as civil judgments pursuant to G.S. 15A-1340.38.
- j. Debts of a kind specified in 11 U.S.C. § 523(a)(1) (certain taxes), (5) (domestic support obligations).
- k. Debts of a kind specified in 11 U.S.C. § 522(c).

Claimant	Nature of Claim	Amount of Claim	Description of Property	Value of Property	Net Value
-NONE-					

None of the property listed in paragraph 18(a), except qualified replacement property under 18(b), has been included in this claim of exemptions.

None of the claims listed in paragraph 19 is subject to this claim of exemptions.

I declare that to the extent any exemptions I have claimed appear on its face to exceed the amount allowed by the applicable statute, I claim only the maximum amount allowed by statute.

UNSWORN DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF INDIVIDUAL TO SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

	I, _	Elizabeth Coghill Brooks	, declare under penalty of perjury that I have read the foregoing Schedule C-1 -	Property Claimed as
Exempt,	cons	isting of 4 sheets, and that they are	true and correct to the best of my knowledge, information and belief.	

Executed on:	October 26, 2021	/s/ Elizabeth Coghill Brooks
		Elizabeth Coghill Brooks
		Debtor

Fill in this information to identify your case:						
Elizabeth Coghill						
First Name	Middle Name	Last Name				
First Name	Middle Name	Last Name				
nkruptcy Court for the:	EASTERN DISTRICT O EXEMPTIONS)	F NORTH CAROLINA (NC				
				Check if this is an amended filing		
	Elizabeth Coghill First Name First Name	Elizabeth Coghill Brooks First Name Middle Name First Name Middle Name EASTERN DISTRICT O	Elizabeth Coghill Brooks First Name Middle Name Last Name First Name Middle Name Last Name EASTERN DISTRICT OF NORTH CAROLINA (NC	Elizabeth Coghill Brooks First Name Middle Name Last Name First Name Middle Name Last Name EASTERN DISTRICT OF NORTH CAROLINA (NC		

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

	l in this inform	otion to identify your							
	in this inform	ation to identify your o	ase:						
De	btor 1	Elizabeth Coghill		le Name	Last Nan	20			
De	btor 2	First Name	ivildu	lle Name	Last Nan	ie			
	ouse if, filing)	First Name	Midd	lle Name	Last Nan	ne			
Un	ited States Ban	kruptcy Court for the:	EASTER EXEMPT	RN DISTRICT OF FIONS)	NORTH CAR	OLINA (NC			
Ca	se number								
	nown)							_	if this is an ed filing
Sc		F: Creditors W							12/15
any Sch Sch left.	executory contro edule G: Executo edule D: Credito	accurate as possible. Use acts or unexpired leases: ory Contracts and Unexpi rs Who Have Claims Sect inuation Page to this page ber (if known).	that could red Leases red by Pro	result in a claim. A s (Official Form 106 operty. If more space	Also list execut GG). Do not incl ce is needed, c	ory contract ude any cre opy the Part	s on Schedule A/B: F ditors with partially s you need, fill it out, I	roperty (Official For ecured claims that a number the entries in	m 106A/B) and on tre listed in the boxes on the
Pa	rt 1: List All	of Your PRIORITY Un	secured C	Claims					
1.	Do any creditor	s have priority unsecured	l claims ag	ainst you?					
	☐ No. Go to Pa	ırt 2.							
	Yes.								
2.	identify what type possible, list the	priority unsecured claims e of claim it is. If a claim ha claims in alphabetical orde nan one creditor holds a par	s both priori r according	ity and nonpriority ar to the creditor's nar	mounts, list that ne. If you have r	claim here a	nd show both priority a	nd nonpriority amount	ts. As much as
	(For an explanat	tion of each type of claim, s	ee the instru	uctions for this form	in the instruction	n booklet.)			
							Total claim	Priority amount	Nonpriority amount
2.1		Offices of John T.	Orcutt	Last 4 digits of a	ccount number		\$5,100.00	\$5,100.00	\$0.00
	,	ditor's Name B Six Forks Road		When was the de	ebt incurred?	2021			
		NC 27615						•	
		reet City State Zip Code		As of the date yo	u file, the clain	is: Check a	II that apply		
	_	the debt? Check one.		☐ Contingent					
	Debtor 1 or	nly		☐ Unliquidated					
	Debtor 2 or	nly		☐ Disputed					
	Debtor 1 ar	nd Debtor 2 only		Type of PRIORIT	Y unsecured cl	aim:			
	☐ At least one	e of the debtors and anothe	r	☐ Domestic supp	oort obligations				
	☐ Check if th	is claim is for a commun	ity debt	☐ Taxes and cert	tain other debts	you owe the	government		
		ubject to offset?	3	☐ Claims for dea	th or personal ir	jury while yo	u were intoxicated		
	■ No			Other. Specify	Administr	ative Exp	enses		
	☐ Yes			-1 /	Legal Fee				

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Debto	r 1 Elizabeth Coghill Brooks		Case nur	mber (if known)		
2.2	The Law Offices of John T. Orcutt	Last 4 digits of account number		\$363.00	\$363.00	\$0.00
	Priority Creditor's Name 6616-203 Six Forks Road Raleigh, NC 27615	When was the debt incurred?	2021			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all t	that apply		
٧	Vho incurred the debt? Check one.	☐ Contingent				
ı	Debtor 1 only	☐ Unliquidated				
[Debtor 2 only	☐ Disputed				
[Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cl	aim:			
[☐ At least one of the debtors and another	☐ Domestic support obligations				
Г	☐ Check if this claim is for a community debt	☐ Taxes and certain other debts	you owe the go	overnment		
	s the claim subject to offset?	Claims for death or personal in				
_	■ No	Other. Specify Administra	ative Expe	nses		
[☐Yes			osts Advanced		
4. Lis	Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other int 2.	laim. For each claim listed, identify w	hat type of clai	m it is. Do not list claims a	Iready included in Par	t 1. If more
					Total clair	n
4.1	.IMPORTANT NOTICE:	Last 4 digits of account numl	oer			\$0.00
	Nonpriority Creditor's Name See notice re: creditor claims set forth on Schedule A Number Street City State Zip Code	When was the debt incurred? As of the date you file, the cla		all that apply		
	Who incurred the debt? Check one.	_				
	Debtor 1 only	Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsec	ured claim:			
	☐ Check if this claim is for a community debt	Student loans			P. L	
	Is the claim subject to offset?	Obligations arising out of a report as priority claims	separation agre	eement or divorce that you	ı ala not	
	■ No	☐ Debts to pension or profit-sl	naring plans, a	nd other similar debts		
	□Yes	Other. Specify				

Debto	F 1 Elizabeth Coghill Brooks	Case number (if known)	
4.2	AmeriFinancial Solutions, LLC Nonpriority Creditor's Name	Last 4 digits of account number	\$396.00
	Post Office Box 65018 Baltimore, MD 21264-5018	When was the debt incurred? 2016	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Bills	
4.3	Bull City Financial Solutions	Last 4 digits of account number	\$374.00
	Nonpriority Creditor's Name 2609 North Duke Street Suite 500	When was the debt incurred? 2017	
	Durham, NC 27704		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Bills	
4.4	Capital One Bank	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name Bankruptcy Department Post Office Box 85167	When was the debt incurred? 2017	
	Richmond, VA 23285-5167 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Possible Obligation/Authorized User	

Debtor	1 Elizabeth Coghill Brooks		Case number (if known)			
4.5	Capital One Bank	Last 4 digits of account number	5729	\$535.00		
	Nonpriority Creditor's Name Bankruptcy Department Post Office Box 85167 Richmond, VA 23285-5167	When was the debt incurred?	2019			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Credit Card	I Purchases			
4.6	Capital One Bank Nonpriority Creditor's Name	Last 4 digits of account number	7000	\$850.00		
	Bankruptcy Department Post Office Box 85167	When was the debt incurred?	2021			
	Richmond, VA 23285-5167 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	neck if this claim is for a community				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Credit Card	I Purchases			
4.7	Capital One Bank Nonpriority Creditor's Name	Last 4 digits of account number	1216	\$1,502.00		
	Bankruptcy Department Post Office Box 85167 Richmond, VA 23285-5167	When was the debt incurred?	2018			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only					
	☐ Debtor 1 and Debtor 2 only					
	☐ At least one of the debtors and another	d claim:				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	and the second of divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	☐ Yes	■ Other, Specify Credit Card	l Purchases			

Debto	r 1 Elizabeth Coghill Brooks	Case number (if known)				
4.8	Credit One Bank, N.A. Nonpriority Creditor's Name	Last 4 digits of account number	6140	\$931.00		
	Post Office Box 98873 Las Vegas, NV 89193-8873	When was the debt incurred?	2018			
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt		ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharing				
	Yes	Other. Specify Credit Card	l Purchases			
4.9	Credit One Bank, N.A. Nonpriority Creditor's Name	Last 4 digits of account number	6601	\$887.00		
	Post Office Box 98873 Las Vegas, NV 89193-8873	When was the debt incurred?	2019			
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt		ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharin				
	Yes	Other. Specify Credit Card	Purchases			
4.1	First Premier Bank	Last 4 digits of account number	2953	\$772.39		
	Nonpriority Creditor's Name	_				
	Post Office Box 5147	When was the debt incurred?	2019			
	Sioux Falls, SD 57117-5147 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,				
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	Student loans				
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	Is the claim subject to offset?					
	No	Debts to pension or profit-sharing	g plans, and other similar debts			
	☐ Yes	■ Other, Specify Credit Card	l Purchases			

Elizabeth Coghill Brooks		Case number (if known)	
First Premier Bank	Last 4 digits of account number	7796	\$714.9
Nonpriority Creditor's Name Post Office Box 5147 Sioux Falls, SD 57117-5147	When was the debt incurred?	2018	<u> </u>
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	Other. Specify Credit Card	I Purchases	
Fortiva	Last 4 digits of account number	4353	\$650.0
Nonpriority Creditor's Name PO BOX 105555	When was the debt incurred?	2019	
Atlanta, GA 30348 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.		or chook all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Credit Card	I Purchases	
Novant Health	Last 4 digits of account number		\$40.0
Nonpriority Creditor's Name			*
3213 Rogers Road	When was the debt incurred?		
Wake Forest, NC 27587 Number Street City State Zip Code		in Charle all that apply	
Who incurred the debt? Check one.	As of the date you file, the claim i	s: Спеск ан тат арргу	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
At least one of the deptors and another Check if this claim is for a community	Student loans		
□ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□ Yes	■ Other. Specify Medical Bil		

Swiss Colony Nonpriority Creditor's Name 1112 7th Avenue Monroe, WI 53566-1364 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 same Nonpriority Creditor's Name Other. Specify Synchrony Bank Nonpriority Creditor's Name Post Office Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. Last 4 digits of account number When was the debt incurred? 2019 As of the date you file, the claim is: Check all that apply Who was the debt incurred? Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Credit Card Purchases When was the debt incurred? 2019 As of the date you file, the claim is: Check all that apply Who was the debt incurred? 2019 As of the date you file, the claim is: Check all that apply	\$521.00
1112 7th Avenue Monroe, WI 53566-1364 As of the date you file, the claim is: Check all that apply	
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 4 only Debtor 1 and Debtor 5 only Debtor 1 and Debtor 5 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply	
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other. Specify □ Credit Card Purchases □ Synchrony Bank Nonpriority Creditor's Name Post Office Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Credit Card Purchases □ Credit Card Purchases □ Synchrony Bank Nonpriority Creditor's Name Post Office Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Contingent	
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other. Specify □ Credit Card Purchases 4.1 Synchrony Bank Nonpriority Creditor's Name Post Office Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. □ Debts to pension or profit-sharing plans, and other similar debts □ Credit Card Purchases When was the debt incurred? 2019 As of the date you file, the claim is: Check all that apply □ Contingent	
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Yes Synchrony Bank Nonpriority Creditor's Name Post Office Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community Obligations arising out of a separation agreement or divorce that you did not report as priority claims Credit Card Purchases Last 4 digits of account number 6573 When was the debt incurred? 2019 As of the date you file, the claim is: Check all that apply Contingent	
Type of NONPRIORITY unsecured claim: □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify Credit Card Purchases 4.1 5 Synchrony Bank Nonpriority Creditor's Name Post Office Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Contingent Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Credit Card Purchases When was the debt incurred? 2019 As of the date you file, the claim is: Check all that apply	
Student loans Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
debt Is the claim subject to offset? No No Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Purchases Synchrony Bank Last 4 digits of account number 6573 Nonpriority Creditor's Name Post Office Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Contingent Contingent	
Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Credit Card Purchases Other. Specify Credit Card Purchases	
A.1 5 Synchrony Bank Nonpriority Creditor's Name Post Office Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Credit Card Purchases Last 4 digits of account number 6573 When was the debt incurred? 2019 As of the date you file, the claim is: Check all that apply	
Synchrony Bank Nonpriority Creditor's Name Post Office Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Last 4 digits of account number 6573 When was the debt incurred? 2019 As of the date you file, the claim is: Check all that apply	
Nonpriority Creditor's Name Post Office Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Last 4 digits of account number 6573 When was the debt incurred? 2019 As of the date you file, the claim is: Check all that apply	
Nonpriority Creditor's Name Post Office Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Who incurred the debt? Check one.	\$922.63
Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only As of the date you file, the claim is: Check all that apply Contingent	•
Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent	
_	
_	
☐ Debtor 2 only ☐ Unliquidated	
☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed	
The last one of the desires and another	
☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset? report as priority claims	
■ No □ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes ☐ Other. Specify Credit Card Purchases (QVC)	
Part 3: List Others to Be Notified About a Debt That You Already Listed	
5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional notified for any debts in Parts 1 or 2, do not fill out or submit this page.	Similarly, if you
Name and Address On which entry in Part 2 did you list the original creditor?	
Capital One Bank Line 4.4 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims Bankruptcy Department □ Part 2: Creditors with Nepositativ Unsecured Claims	
Post Office Box 30285 Salt Lake City, UT 84130-0285	
Last 4 digits of account number	
Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? First Premier Bank On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one):	
Post Office Box 5524 Part 2: Creditors with Nonpriority Unsecured Claims	
Sioux Falls, SD 57117-5524 Last 4 digits of account number	
Name and Address On which entry in Part 2 did you list the original creditor?	
UNC Physicians Line 4.3 of (Check one): Description: Part 1: Creditors with Priority Unsecured Claims	
Post Office Box 602948 Part 2: Creditors with Nonpriority Unsecured Claims	
Charlotte, NC 28260-2948 Last 4 digits of account number	
Last 4 digits of account number	
Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?	
UNC Physicians & Associates Line 4.3 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims Post Office Box 168 □ Part 2: Creditors with Nonpriority Unsecured Claims	

Official Form 106 E/F

Debtor 1 Elizabeth Coghill Brooks	Case number (if known)				
Chapel Hill, NC 27514					
Graper rim, NO 27014	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
Wake Emergency Physicians	Line 4.2 of (Check one):				
Post Office Box 890053 Charlotte, NC 28289	■ Part 2: Creditors with Nonpriority Unsecured Claims				
Chanone, NC 20209	Last 4 digits of account number				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Т	otal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	5,463.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	5,463.00
				1	otal Claim
Total	6f.	Student loans	6f.	\$	0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that			0.00
	01	you did not report as priority claims	6g.	\$	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	9,095.93
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	9,095.93

Fill in this information to identify your case:							
Debtor 1	Elizabeth Coghill	Brooks					
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bar	nkruptcy Court for the:	EASTERN DISTRICT O	OF NORTH CAROLINA (NC				
Case number					☐ Check if this is an amended filing		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
					_
	Number	Street			
					_
	City		State	ZIP Code	
2.2					_
	Name				
	Number	Street			_
		3 331			
	City		State	ZIP Code	_
2.3	,				
	Name				_
	INAIIIE				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				_
					_
	Number	Street			
				715.0	_
	City		State	ZIP Code	
2.5					_
	Name				
	Number	Street			_
	City		State	ZIP Code	_
	J11,		Olato	_11 0000	

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					-
Fill in this	information to identify your	case:			
Debtor 1					
Debioi i	Elizabeth Coghill First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filir	ng) First Name	Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the:	EASTERN DISTRICT O	F NORTH CAROLINA	(NC	
Case numb	ber				
(if known)					☐ Check if this is an
					amended filing
Codebtors people are fill it out, al your name 1. Do y No Yes 2. With Arizon No.	filing together, both are equ nd number the entries in the and case number (if known) you have any codebtors? (If	re also liable for any deb lally responsible for supp boxes on the left. Attach). Answer every question you are filing a joint case, of a lived in a community pr , Nevada, New Mexico, Pu	olying correct informate the Additional Page to the Additional Page	tion. If more space is not this page. On the top as a codebtor. TY? (Community property	te as possible. If two married eeded, copy the Additional Page, of any Additional Pages, write
in line Form out Co	2 again as a codebtor only	f that person is a guaran I Form 106E/F), or Sched	tor or cosigner. Make	Column 2: The crecheck all schedule D, line Schedule D, line Schedule E/F, line	e
				☐ Schedule G, line	e
	Number Street			_	
,	City	State	ZIP Code		
3.2	Name			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line	ne
_	Number Ctreet				
	Number Street City	State	ZIP Code		

Schedule H: Your Codebtors

Fill	in this information to identify your	case:								
	-	Coghill Brooks								
	otor 2				_					
Unit	ted States Bankruptcy Court for t	ne: EASTERN DISTRICT EXEMPTIONS)	OF NORTH CAROLI	NA (NC	_					
(If kn	,		-			☐ An		nt showin	ng postpetition	
<u>Of</u>	fficial Form 106I					MM	1 / DD/ Y	YYY		
Sc	chedule I: Your Inc	come								12/15
supp spot	Fill in your employment	ou are married and not fili our spouse is not filing w n. On the top of any additi	ng jointly, and your s ith you, do not includ	spouse i de inforr	s livi natio	ng with yo n about y case num	ou, inclu our spo nber (if I	ude inforr buse. If mo known). A	nation abou ore space is	t your needed, y question
	information.						☐ Employed			
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed□ Not employed				⊐ Lilipid ⊐ Not ei	•		
		Occupation	House cleaning							
	Include part-time, seasonal, or self-employed work.	Employer's name	James Wachter							
	Occupation may include studen or homemaker, if it applies.	t Employer's address	117 Robert Lane Norlina, NC 2756							
		How long employed t	here? started	Oct. 20	21					
Par	t 2: Give Details About M	onthly Income								
	mate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to re	eport for	any li	ne, write \$	30 in the	space. In	clude your no	on-filing
	u or your non-filing spouse have a space, attach a separate sheet		ombine the information	n for all e	emplo	yers for th	at perso	n on the li	nes below. If	you need
						For Debto	or 1		btor 2 or ing spouse	
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$_		0.00	\$	N/A	_
3.	Estimate and list monthly over	ertime pay.		3.	+\$_		0.00	+\$	N/A	- .
4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$	0	0.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Debtor 1		Elizabeth Coghill Brooks		Case number (if known)				
	Con	y line 4 here	4.	For Debtor 1	For Debtor non-filing s			
F				<u> </u>	*	1471		
5.	5a. 5b.	all payroll deductions: Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.	\$\$ \$ 0.00	\$	N/A N/A		
	5c. 5d. 5e.	Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance	5c. 5d. 5e.	\$ 0.00 \$ 0.00 \$ 0.00	\$ \$ \$	N/A N/A		
	5f. 5g. 5h.	Domestic support obligations Union dues Other deductions. Specify:	5f. 5g. 5h.+	\$ 0.00 \$ 0.00	\$	N/A N/A N/A		
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ 0.00	\$	N/A		
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 0.00	\$	N/A		
 8. 	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Stamps Pension or retirement income Other monthly income. Specify: Part Time Job (\$ all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	8a. 8b. 8c. 8d. 8e. 8f. 8g. 8h.+	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ \$ \$ \$ \$ \$	N/A N/A N/A N/A N/A N/A		
10.		<u> </u>	10. \$	700.00 + \$	N/A	= \$	700.00	
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your or friends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not a cify:	depend		ed in <i>Schedule</i>	<i>∃ J.</i> +\$	0.00	
12.		the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain ies				\$	700.00	
13.	Do y	ou expect an increase or decrease within the year after you file this form? No.	?			Combine monthly		
		Yes. Explain: *Debtor started receiving work income as of Oct.	2021;	therefore Sch I and	d Form 22 v	vill not m	atch.*	
		Debtor starting receiving food stamps in Sept. 2	021; t	herefore Sch I and	Form 22 wi	ll not ma	tch.	

Official Form 106l Schedule I: Your Income page 2

	in this informa	tion to identify yo	our case:			1		
	tor 1	Elizabeth Co		oks		Check	c if this is:	
		Liizabetii Oc	giiii bi c	ions			An amended filing	
	tor 2 ouse, if filing)							ving postpetition chapter the following date:
Unit	ed States Bankı	ruptcy Court for the		RN DISTRICT OF NORTH EMPTIONS)	I CAROLINA	1	MM / DD / YYYY	
	e number nown)							
Of	fficial Fo	rm 106J				J		
Be info	as complete ormation. If m	ore space is ne	possible eded, atta	. If two married people ar ich another sheet to this				
	<u> </u>	n). Answer ever		n.				
Par 1.	t 1: Desci	ibe Your House nt case?	hold					
	■ No. Go to		in a separ	ate household?				
	□ N □ Y	-	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debto	or 2.	
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.						☐ Yes ☐ No
								☐ Yes
								□ No
								Yes
								□ No
3.	Do your exp	enses include		No				☐ Yes
		f people other t d your depende	han $_{f au}$	Yes				
exp	imate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance i cluded it on <i>Schedule I:</i>)			Your exp	enses
4.		or home owners and any rent for th		ses for your residence. I	nclude first mortgag	e 4. \$		0.00
		led in line 4:	-					
	4a. Real e	estate taxes				4a. \$		0.00
		rty, homeowner's	s, or renter	's insurance		4b. \$		0.00
	•	•		upkeep expenses		4c. \$		0.00
_		owner's associat				4d. \$		0.00
5.	Additional i	nortgage paym	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00

Debtor	r1 Elizabeth C	oghill Brooks	Case num	nber (if known)	
6. U	Itilities:				
6	a. Electricity, hea	at, natural gas	6a.	\$	0.00
6	·	garbage collection	6b.	\$	0.00
6	c. Telephone, ce	ell phone, Internet, satellite, and cable servio	ces 6c.	\$	0.00
		Cell Phone	6d.		70.00
	ood and houseke			\$	250.00
		Iren's education costs	8.	· -	0.00
			9.	· -	15.00
	Clothing, laundry, a	•		· ·	
	•	ucts and services	10.		15.00
	ledical and dental	•	11.	\$	10.84
		lude gas, maintenance, bus or train fare.	12.	\$	100.00
	o not include car pa			·	
		os, recreation, newspapers, magazines, a			25.00
		tions and religious donations	14.	\$	0.00
-	nsurance.	and the desired for an arrange of the land of the	Page 4 an 00		
		ance deducted from your pay or included in		œ.	0.00
	5a. Life insurance		15a.	· -	0.00
-	5b. Health insurar	• • •	15b.		0.00
	Vehicle insura		15c.	·	48.16
	5d. Other insuran		15d.	. \$	0.00
16. T	axes. Do not includ	le taxes deducted from your pay or include	d in lines 4 or 20.		
S	pecify: Persona	I Property Taxes	16.	. \$	15.00
7. I r	nstallment or lease	payments:			
1	7a. Car payments	for Vehicle 1	17a.	\$	0.00
1	7b. Car payments	for Vehicle 2	17b.	\$	0.00
1	7c. Other. Specify	<i>r</i> :	17c.	\$	0.00
	7d. Other. Specify		17d.	\$	0.00
		alimony, maintenance, and support that		•	
		r pay on line 5, Schedule I, Your Income		. \$	0.00
		u make to support others who do not liv		\$	0.00
	specify:	••	19.		
		expenses not included in lines 4 or 5 of	this form or on Schedule I: You	our Income.	
	0a. Mortgages on		20a.		0.00
	0b. Real estate ta		20b.	\$	0.00
2	0c. Property hom	eowner's, or renter's insurance	20c.		0.00
		repair, and upkeep expenses	20d.	·	0.00
		association or condominium dues	20e.		0.00
				·	
		lousekeeping		+\$	44.00
_C	hapter 13 Plan I	Payment		+\$	107.00
2 0	alculate your mor	nthly expenses			
	2a. Add lines 4 thro			\$	700.00
		nonthly expenses for Debtor 2), if any, from	Official Form 106 L-2	\$	700.00
		• •		·	
2	2c. Add line 22a an	d 22b. The result is your monthly expense	S.	\$	700.00
3 n	alculate your mor	nthly net income			
		your combined monthly income) from Sche	dule I. 23a.	\$	700.00
		nthly expenses from line 22c above.	23b.	·	700.00
2	ob. Copy your mo	many expenses nom line 220 above.	230.	Ψ	700.00
2	3c Subtract vour	monthly expenses from your monthly incon	10		
2		our monthly net income.	e. 23c.	\$	0.00
	THE TESUIL IS Y	out monuny net income.	200.		
24. D	o vou expect an ii	ncrease or decrease in your expenses w	ithin the year after you file this	s form?	
		spect to finish paying for your car loan within the y			ase or decrease because of a
m	nodification to the term	s of your mortgage?	,	-	
	No.				
	_	plain here: None			
	<u> 163.</u>	piairi ricic. None			

Fill	in this inform	nation to identify your	case:			
Deb		Elizabeth Coghill				
DCD	101 1	First Name	Middle Name	Last Name		
	tor 2 use if, filing)	First Name	Middle Name	Last Name		
		nkruptcy Court for the:		OF NORTH CAROLINA (NC		
			,	_		
(if kno	e number _{pwn)}					if this is an ded filing
∩ff	icial Fo	rm 106Sum				
		-	and Liabilities ar	nd Certain Statistical Information		12/15
infor	mation. Fill o	out all of your schedule	es first; then complete th	e are filing together, both are equally responsible for information on this form. If you are filing amend it the box at the top of this page.	ded schedu	es after you file
					Your as	ssets f what you own
1.	Schedule A/ 1a. Copy line	/B: Property (Official Fore 55, Total real estate, for	orm 106A/B) om Schedule A/B		\$	0.00
	1b. Copy line	e 62, Total personal pro	perty, from Schedule A/B.		\$	14,882.00
	1c. Copy line	e 63, Total of all property	on Schedule A/B		\$	14,882.00
Part	2: Summa	arize Your Liabilities				
						abilities t you owe
2.			aims Secured by Property nn A, Amount of claim, at	(Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D</i>	\$	0.00
3.			Unsecured Claims (Official) 1 (priority unsecured claim	Il Form 106E/F) ns) from line 6e of <i>Schedule E/F</i>	\$	5,463.00
	3b. Copy the	e total claims from Part	2 (nonpriority unsecured c	claims) from line 6j of Schedule E/F	\$	9,095.93
				Your total liabilities	\$	14,558.93
Part	3: Summa	arize Your Income and	Expenses			
4.	Schedule I: 'Copy your co	Your Income (Official Foombined monthly incom	rm 106I) e from line 12 of <i>Schedule</i>	÷ I	\$	700.00
5.	Schedule J: Copy your m	Your Expenses (Official nonthly expenses from li	Form 106J) ne 22c of <i>Schedule J</i>		\$	700.00
Part	4: Answe	r These Questions for	Administrative and Stat	istical Records		
6.	-		er Chapters 7, 11, or 13? on this part of the form. C	heck this box and submit this form to the court with yo	our other sch	nedules.
7.	YesWhat kind o	of debt do you have?				
				debts are those "incurred by an individual primarily for for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

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Debtor 1 Elizabeth Coghill Brooks Case number (if known) the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form

m \$______ 41.67

122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

					_
Fill in this infor	rmation to identify your	case:			
Debtor 1	Elizabeth Coghill	Brooks			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	EASTERN DISTRICT O EXEMPTIONS)	F NORTH CAROLINA (NC		
Case number					
(if known)					☐ Check if this is an
					amended filing
If two married p You must file th obtaining mone	eople are filing together	r, both are equally respond le bankruptcy schedules n connection with a bank		t information. aking a false stat	tement, concealing property, or 100, or imprisonment for up to 20
Sig	gn Below				
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out banl	kruptcy forms?	
■ No					
☐ Yes.	Name of person				nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules filed w	ith this declarati	ion and

Signature of Debtor 2

X /s/ Elizabeth Coghill Brooks

Elizabeth Coghill Brooks Signature of Debtor 1

Date October 26, 2021

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of North Carolina (NC Exemptions)

In r	re Elizabeth Coghill Brooks	Case No.	
	Debtor(s)	Chapter	13
	DISCLOSURE OF COMPENSATION OF ATTO	RNEY FOR DE	BTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attor compensation paid to me within one year before the filing of the petition in bankruptcy be rendered on behalf of the debtor(s) in contemplation of or in connection with the ba	y, or agreed to be paid t	o me, for services rendered or to
	For legal services, I have agreed to accept	s	5,100.00
	Prior to the filing of this statement I have received	\$	0.00
	Balance Due	\$	5,100.00
2.	\$313.00_ of the filing fee has been paid.		
3.	The source of the compensation paid to me was:		
	■ Debtor □ Other (specify):		
4.	The source of compensation to be paid to me is:		
	■ Debtor □ Other (specify):		
5.	■ I have not agreed to share the above-disclosed compensation with any other person	n unless they are memb	ers and associates of my law firm
	☐ I have agreed to share the above-disclosed compensation with a person or persons copy of the agreement, together with a list of the names of the people sharing in the		
6.	In return for the above-disclosed fee, I have agreed to render legal service for all aspec	cts of the bankruptcy ca	ase, including:
	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in debtor. b. Preparation and filing of any petition, schedules, statement of affairs and plan whice. Representation of the debtor at the meeting of creditors and confirmation hearing, ad. [Other provisions as needed] Exemption planning, Means Test planning, and other items if specific planning. 	th may be required; and any adjourned hear	ings thereof;
	or required by Bankruptcy Court local rule. May include fee paid t meeting.		
7.	By agreement with the debtor(s), the above-disclosed fee does not include the following Representation of the debtors in any dischargeability actions, reliproceeding, and any other items excluded in attorney/client fee control.	ief from stay actions	

Fee also collected, where applicable, include such things as: Pacer access: \$10 per case, Credit Reports: \$10 each, Judgment Search: \$10 each, Credit Counseling Certification: Usually \$15 per client, Financial Management Class Certification: Usually \$15 per client, Use of computers for Credit Counseling briefing or Financial Management Class: \$10 per session, or paralegal typing assistance regarding credit counseling briefing: \$75 per session.

In re	Elizabeth Coghill Brooks	Case No.	
	Debtor(s)		

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)						
CERTIFICATION						
I certify that the foregoing is a complete statement of this bankruptcy proceeding.	f any agreement or arrangement for payment to me for representation of the debtor(s) in					
October 26, 2021 Date	/s/ Matthew Schmidt for LOJTO Matthew Schmidt for LOJTO 51842 Signature of Attorney The Law Offices of John T. Orcutt, PC 6616-203 Six Forks Road Raleigh, NC 27615 (919) 847-9750 Fax: (919) 847-3439 postlegal@johnorcutt.com Name of law firm					

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter	7:	Liquidation	
\$	245	filing fee	
	\$78	administrative fee	
<u>+</u>	\$15	trustee surcharge	
\$	338	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$571 administrative fee \$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Fill in this information to identify your case:								
Debtor 1	Elizabeth Coghill Br	ooks						
Debtor 2 (Spouse, if filing)								
United States E	Bankruptcy Court for the:	Eastern District of North Carolina (NC Exemptions)						
Case number(if known)								

Check	Check as directed in lines 17 and 21:							
According to the calculations required by this Statement:								
•	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).							
	 Disposable income is determined under 11 U.S.C. § 1325(b)(3). 							
3. The commitment period is 3 years.								
	4. The commitment period is 5 years.							

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

a	luit	ional pages, write your name and case number (ii i	Kilowiij.							
F	art	1: Calculate Your Average Monthly Income								
	1.	What is your marital and filing status? Check one of	only.							
		■ Not married. Fill out Column A, lines 2-11.								
		☐ Married. Fill out both Columns A and B, lines 2-11								
	10 th	Il in the average monthly income that you received from a 11(10A). For example, if you are filing on September 15, the 6- e 6 months, add the income for all 6 months and divide the tot ouses own the same rental property, put the income from that	month per al by 6. Fil	riod would Il in the re	l be Marc sult. Do r	h 1 throughot include	gh August 31. e any income	. If the ama	ount of your monthly income nore than once. For example	varied during , if both
							Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
	2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	e, and co	mmissio	ons (bei	ore all	\$	0.00	\$	
	3.	Alimony and maintenance payments. Do not includ Column B is filled in.	e payme	nts from	a spous	se if	\$	0.00	\$	
	4.	All amounts from any source which are regularly popular of you or your dependents, including child support from an unmarried partner, members of your househout and roommates. Do not include payments from a sport you listed on line 3.	r t. Include old, your o	e regulai depende	r contrib nts, par	utions ents,	\$	0.00	\$	
	5.	Net income from operating a business, profession, or farm	Debtor	1						
		Gross receipts (before all deductions)	\$	0.00						
		Ordinary and necessary operating expenses	-\$	0.00						
		Net monthly income from a business, profession, or fa	arm \$ _	0.00	Сору	here -> (S	0.00	\$	
	6.	Net income from rental and other real property	Debtor	-						
		Gross receipts (before all deductions)	\$	0.00						
		Ordinary and necessary operating expenses	- \$	0.00						
		Net monthly income from rental or other real property	\$	0.00	Copy	here -> 🤄	5	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

ebtor	Elizabeth Coghill Brooks		Case numb	per (if known)			
			Column A Debtor 1	1	Column B Debtor 2 c non-filing		
7. I	nterest, dividends, and royalties		\$	0.00	\$		
3. (Jnemployment compensation		\$	0.00	\$		
	Do not enter the amount if you contend that the amount received was a benche Social Security Act. Instead, list it here:	efit under			-		
		.00					
	For your spouse \$						
! ! ! ()	Pension or retirement income. Do not include any amount received that we benefit under the Social Security Act. Also, except as stated in the next sent not include any compensation, pension, pay, annuity, or allowance paid by the Juited States Government in connection with a disability, combat-related injudisability, or death of a member of the uniformed services. If you received are pay paid under chapter 61 of title 10, then include that pay only to the extent does not exceed the amount of retired pay to which you would otherwise be fretired under any provision of title 10 other than chapter 61 of that title.	ence, do ne ury or ny retired that it	\$	0.00	\$		
	ncome from all other sources not listed above. Specify the source and a Do not include any benefits received under the Social Security Act; payment under the Federal law relating to the national emergency declared by the Proposition of the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to coronavirus disease 2019 (COVID-19); payments received as a victim of a varime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability death of a member of the uniformed services. If necessary, list other sources separate page and put the total below.	s made esident o the var					
	Food Stamps		\$	41.67	\$		
			\$	0.00	\$		
	Total amounts from separate pages, if any.	+	\$	0.00	\$		
	Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Determine How to Measure Your Deductions from Income	\$	41.67	+ \$_			41.67
	Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one:					\$	41.67
	You are not married. Fill in 0 below.						
	You are married and your spouse is filing with you. Fill in 0 below.						
ı	You are married and your spouse is not filing with you.						
	Fill in the amount of the income listed in line 11, Column B, that was NO dependents, such as payment of the spouse's tax liability or the spouse	s's suppo	rt of someo	ne other t	han you or you	ır depende	nts.
	Below, specify the basis for excluding this income and the amount of in adjustments on a separate page.	come ae	voted to ead	cn purpos	e. if necessary	', list addition	onai
	If this adjustment does not apply, enter 0 below.						
		_ \$					
		_ \$					
		_ +\$					
	Total	\$	0.	00 c	opy here=>		0.00
						•	44 67
4.	Your current monthly income. Subtract line 13 from line 12.					\$	41.67
5.	Calculate your current monthly income for the year. Follow these steps	3:					44.07
	15a. Copy line 14 here=>					\$	41.67

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Debtor 1	Ε	lizabeth Coghill Brooks	Case number (if known)		
		Multiply line 15a by 12 (the number of months in a year).		x 1	12
1:	5b.	The result is your current monthly income for the year for this pa	rt of the form	\$	500.04

Debtor 1	1	Eliz	abeth Coghill Brooks		Case number (if known)		
16. C	Calc	ulate	the median family income that applies to	you. Follow these ste	eps:		
1	16a.	Fill in	n the state in which you live.	NC			
1	16b.	Fill in	n the number of people in your household.	1			
1	16c.	To fi	n the median family income for your state and nd a list of applicable median income amounts uctions for this form. This list may also be ava	s, go online using the		\$_	51,278.00
17. F	How		he lines compare?	nable at the bankrupt	oy diotika diliaci.		
1	17a.		Line 15b is less than or equal to line 16c. 0 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N				
1	17b.		Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc i your current monthly income from line 14 a	ulation of Your Disp			
Part 3	3:	Ca	Iculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)			
18. C	Сор	у уоі	ır total average monthly income from line 1	11.		\$	41.67
S	cont spou	end t use's	ne marital adjustment if it applies. If you are not calculating the commitment period under 1 income, copy the amount from line 13.	11 U.S.C. § 1325(b)(4		- \$	0.00
1	19b.	Sub	tract line 19a from line 18.			\$_	41.67
20. C	Calc	ulate	your current monthly income for the year.	. Follow these steps:			
2	20a.	Cop	y line 19b			\$_	41.67
		Mult	ply by 12 (the number of months in a year).				x 12
2	20b.	The	result is your current monthly income for the y	rear for this part of the	e form	\$_	500.04
2	20c.	Copy	y the median family income for your state and	size of household fro	m line 16c	\$	51,278.00
2	21.	How	do the lines compare?				
			Line 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4.	ise ordered by the co	urt, on the top of page 1 of this form, ch	eck box 3,	The commitment
			Line 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4.	nless otherwise order	ed by the court, on the top of page 1 of	this form,	check box 4, The

Case 21-02393-5-DMW Doc 1 Filed 10/26/21 Entered 10/26/21 15:42:22 Page 54 of 56

Debtor 1	Elizabeth Coghill Brooks	Case number (if known)	
Part 4:	Sign Below signing here, under penalty of perjury I declare that the information o	n this statement and in any attachmer	nts is true and correct.
Е	s/ Elizabeth Coghill Brooks lizabeth Coghill Brooks gnature of Debtor 1		

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

Date October 26, 2021

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Employment Security Commission Attn: Benefit Payment Control Post Office Box 26504 Raleigh, NC 27611-6504 AmeriFinancial Solutions, LLC Post Office Box 65018 Baltimore, MD 21264-5018 Swiss Colony 1112 7th Avenue Monroe, WI 53566-1364

NC Child Support Centralized Collections Post Office Box 900006 Raleigh, NC 27675-9006 Bull City Financial Solutions 2609 North Duke Street Suite 500 Durham, NC 27704 Synchrony Bank Post Office Box 965036 Orlando, FL 32896-5036

Equifax Information Systems LLC P.O. Box 740241 Atlanta, GA 30374-0241 Capital One Bank Bankruptcy Department Post Office Box 85167 Richmond, VA 23285-5167 UNC Physicians Post Office Box 602948 Charlotte, NC 28260-2948

Experian P.O. Box 2002 Allen, TX 75013-2002 Capital One Bank Bankruptcy Department Post Office Box 30285 Salt Lake City, UT 84130-0285 UNC Physicians & Associates Post Office Box 168 Chapel Hill, NC 27514

Trans Union Corporation P.O. Box 2000 Crum Lynne, PA 19022-2000 Credit One Bank, N.A. Post Office Box 98873 Las Vegas, NV 89193-8873 Wake Emergency Physicians Post Office Box 890053 Charlotte, NC 28289

Internal Revenue Service (ED)** Post Office Box 7346 Philadelphia, PA 19101-7346

First Premier Bank Post Office Box 5147 Sioux Falls, SD 57117-5147

US Attorney's Office (ED)** 150 Fayetteville Street Suite 2100 Raleigh, NC 27601-1461 First Premier Bank Post Office Box 5524 Sioux Falls, SD 57117-5524

North Carolina Dept. of Revenue** Post Office Box 1168 Raleigh, NC 27602-1168 Fortiva PO BOX 105555 Atlanta, GA 30348

U.S. Attorney General U.S. Department of Justice 950 Pennsylvania Ave. NW Washington, DC 20530-0001 Novant Health 3213 Rogers Road Wake Forest, NC 27587

United States Bankruptcy Court Eastern District of North Carolina (NC Exemptions)

Eastern District of North Caronna (NC Exemptions)						
In re Elizabeth Coghill Brooks		Case No.				
	Debtor(s)	Chapter	13			
VED	RIFICATION OF CREDITOR 1	MATDIV				
V L.R	MITICATION OF CREDITOR I	VIATRIA				
e above-named Debtor hereby verifies	s that the attached list of creditors is true and co	orrect to the best	of his/her knowledge.			
Date: October 26, 2021	/s/ Elizabeth Coghill Brooks					
	Elizabeth Coghill Brooks					

Signature of Debtor